

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36551

State File No.

9871

FILED NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN ST. LOUIS, (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 1 DAY d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST. LOUIS, (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location) 8522 PARK LANE AVE.	
3. NAME OF DECEASED a. (First) WILLIAM (Type or Print) b. (Middle) F. c. (Last) KERSTING.		4. DATE OF DEATH (Month) (Day) (Year) OCT. 25 1952	
5. SEX MALE 6. COLOR OR RACE WHITE. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 3, 1887 9. AGE (In years last birthday) Months Days Hours Min. 65 7 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED. 10b. KIND OF BUSINESS OR INDUSTRY LETTER CARRIER.		11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME WILLIAM F. KERSTING 13b. MOTHER'S MAIDEN NAME CAROLINA GOENER.		14. NAME OF HUSBAND OR WIFE GRACE KERSTING.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO 16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Grace Kersting ADDRESS 8522 Park Lane Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coroniosclerosis DUE TO (c) Coronary ailing	
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? 163X	
22. I hereby certify that I attended the deceased from Aug 19 52 to 5:50 P.M. 19 52, that I last saw the deceased alive on 25 Dec, 19 52 and that death occurred at 10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Richard C. Schuman, M.D. (Degree or title)		23b. ADDRESS 4007 H. West Florissant 23c. DATE SIGNED 10/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE OCT. 28, 1952 24c. NAME OF CEMETERY OR CREMATORY NEW BETHLEHEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS, COUNTY MO.		25. FUNERAL DIRECTOR'S SIGNATURE W. BUCHHOLZ-KOELLER ADDRESS 5967 W. FLORISSANT	
DATE REC'D BY LOCAL REG. OCT 27 1952 REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. BUCHHOLZ-KOELLER ADDRESS 5967 W. FLORISSANT	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William G. Buchholz

Licensed Embalmer No. 21100

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.